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such statements as “Disease does not exist. What does exist is not disease but practices”. (Practices are contrasted with “the subjective intentions of the actors”). As the work progresses, however, it is clear that models derived from Foucault are, perhaps mercifully, a veneer on what is a traditional, complex but interesting and worthwhile analysis of medical thought in the France of the *Juste-Milieu*.

The book is divided into seven main chapters, with only one, on ‘Fear’, being concerned with viewing the disease from the perspective of the victims of cholera. This is the weakest chapter in the book, failing to go beyond the parameter’s laid down by Chevalier.

The remaining chapters are concerned with the ways in which doctors, hygienists, urbanists, and “reactionaries”—none of these categories is clearly defined or distinguished from the others—used cholera to explain and justify their social and class-based ideas about contemporary French civilization. He demonstrates effectively how the epidemic tipped the balance from a concentration on traditional Hippocratic categories of disease causation—the “contagionist” view, which looked to climatic and topographical features of the environment—towards a more modern, “bourgeois” emphasis on localized sources of disease—the “infectionist” position. In Delaporte’s account these extreme positions have a monopoly and appear immovable; there is no mention of an intermediate position being developed in France in 1832, as happened in Britain, where a “contingent contagionist” philosophy, a *via media* between the extremes, was a major consequence of the medical profession’s experiences.

Delaporte is at his most interesting when considering opinions on both western and French civilizations which the epidemic brought forth. Even though the epidemic was so severe in Paris, both “reactionaries” and hygienists rationalized the disaster, either by claiming that savagism, in the shape of the poor, existed at the very centre of civilization, or that the disease would have been even more destructive if urban improvements had not already occurred.

It is unfortunate that Delaporte, presumably as an act of piety to the memory of Foucault, is so dismissive of other historians’ achievements, for his book, in conjunction with others, now makes it possible to accomplish a genuine comparative history of governmental, medical, and philosophical responses to the new disease in 1832. Delaporte’s is a useful contribution to a body of literature which now needs to be extended to incorporate subsequent cholera epidemics in Europe.

Michael Durey
Murdoch University, Australia

DAVID A. E. SHEPHARD, *The Royal College of Physicians and Surgeons of Canada, 1960–80: the pursuit of unity*, Ottawa, RCPSC, 1985, 8vo, pp. xiv, 550, illus., \$Cdn 20.00.

The subtitle of Shephard’s book, “The pursuit of unity”, is a touchstone, both for the author and for Canadians generally. In a country where we believe (at least until we travel elsewhere) that we lack unity, seeking it is an important preoccupation. What goes begging in this book is any approach to the corollary question: had there been less unity, how would things have differed, and how would any differences have affected medical specialists or their patients? Quite rightly, Shephard does not pursue this speculative dead-end.

The chief detail about the pre-1960 years of the College has already appeared in D. S. Lewis’s book, *The Royal College of Physicians and Surgeons of Canada, 1929–1960* (1962). In Shephard’s history of the fourth and fifth decades in the life of Canada’s Royal College, the author perceives unity doggedly sought and usually found. The College is unique and has accomplished much. It is a singular organization that does much to determine how specialists in the various medical and surgical fields are educated, measures that education by means that it devises, and awards a laurel of real significance to successful candidates. It has functional relationships with a wide variety of other regulatory and educational groups in Canada. All of these activities are described in chapters that detail the meaning of membership, the recent change from a two-tier College (containing Certificants and Fellows) to a single-tier organization, the creation of a special centre for evaluating and realigning examination procedures, and the role of the College in continuing medical education.

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In some instances, the appearance of unity may be illusory. For example, little is said of the relationship between the Royal College and the College of Family Physicians of Canada. The latter group also certifies the attainment of higher educational standards by a large group of Canadian physicians, and the CFPC, unlike the Royal College, insists upon periodic re-examination. The fact that this is done by a separate group suggests a flaw in unity. One suspects that this and a small number of similar subjects received less attention than they might because this history of the Royal College was commissioned by the College. Certainly, the book has an aura of uninterrupted accomplishment that makes the College seem almost too good to be true; every officer and every member, or almost everyone, seems to strive towards the sensible, rational, unified goal. We know that human nature isn't like that, but institutional history is. No one would expect an official historian to fill his book with scandal and disruption, even if they existed, and in the case of the College I suspect they do not.

A cliché of historical writing is the near impossibility of making institutional tomes interesting. Shephard comes commendably close, far closer than most writers of similar works, though ultimately even he founders on the necessary profusion of names, dates, committees, and so on. Nevertheless, the section on reorganizing the College to eliminate the two-tier system of membership is handled with great skill and manages to present a complex subject with clarity and insight. Similarly, the dispute about the ultimate direction of the McLaughlin Examination and Research Centre becomes genuinely exciting and one senses the emotions that such decisions can generate (although at the end one is left wondering about the fate of the dissidents).

The fundamental problem with institutional history is that institutions are innately self-protective. The emotions of the individuals who compose institutions, their foibles and idiosyncrasies, rarely creep into the records upon which a historian relies. Yet it is these very peculiarities that could give life to the account. This is exemplified nicely in Shephard's book when, in narrating the origins of the McLaughlin Centre, the author quotes a delightful account of an officer of the College presenting the concept of the Centre to Col. McLaughlin and an adviser, both extremely deaf. A veritable shouting match finally conveys the message, after which, with no hesitation or discussion, a quarter of a million dollars is pledged to the task! No researcher, in any discipline, can fail to respond to such an anecdote. Unhappily, the historian cannot invent these whenever he senses a need to invigorate a chapter. We must await, hopeful but not expectant.

Shephard's book documents an important span in the life of an important institution in Canada. The usefulness of the book may lie particularly effectively in some future role as part of a comparative study of similar bodies in various parts of the world. It is well-written and readable, displaying not only the life of the College but also the varied interests of the author: medical history, medical editing, medical education, and speciality practice.

Charles G. Roland
McMaster University

WOLFGANG GENSHOREK, *Wegbereiter der Chirurgie, Johann Friedrich Dieffenbach—Theodor Billroth*, Leipzig, Teubner, 1983, 8vo, pp. 252, M.19.80.

This volume is part of the series 'Humanisten der Tat'—a series of short biographies of people who, according to the editor, could be claimed to have lived according to high humanitarian principles, professionally or otherwise. Whether or not this is a valid claim, the biographies of the two surgeons Dieffenbach (1792–1847) and Billroth (1829–94) could be interesting for various reasons. Their lives cover together a century in which surgery developed as a profession, readjusted its position within the medical spectrum, and branched out into its different specialities. Second, their medical education and career patterns could serve as examples of the twining and changing roads medical men followed at the time. And their practical or scientific activities could be set against the background of contemporary medical and surgical debates, in which both these men held prominent positions. In this volume we get a little of everything—a not unusual difficulty with publications intended for "a large interested public". The unproblematic approach of the author, however, does not prevent the material itself from